

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

KINDNESS

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMBINATION AND METHOD PRESENTING AND UTILIZING DNA ANALYSIS
AND FOR DIAGNOSIS AND TREATMENT

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒ Customer Number or Bar Code Label  OR ☐ Correspondence address below**25175**

PATENT TRADEMARK OFFICE

Name **Brooke Schumm III**Address **Daneker, McIntire, Schumm et al, 210 N. Charles, Suite 800**City **Baltimore**State **MD**ZIP **21201**Country **USA**Telephone **410 649-4761**Fax **410-649-4756**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) **George**Family Name
or Surname **KIndness**Inventor's
Signature

Date

Residence: City **Middletown**State **OH**Country **US**Citizenship **UK-GB**Mailing Address **7207 Stonebrook Ct.**City **Middletown**State **OH**ZIP **45044**Country **USA**NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) **Brooke**Family Name
or Surname **Schumm III**Inventor's
Signature*Brooke Schumm III*

Date

8-18-01Residence: City **Ellicott City**State **MD**Country **US**Citizenship **US**Mailing Address **2813 Thornbrook Road**City **Ellicott City**State **MD**ZIP **21042**Country **US**☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

08/17/01

15:26

5136053343

P. 002

NU.050 P003

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0631-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒Customer Number
or Bar Code Label

25175

OR ☐

Correspondence address below

Name

Brooke Schumm III

Address

Daneke, McIntire, Schumm et al, 210 N. Charles, Suite 800

City

Baltimore

State

MD

ZIP 21201

Country USA

Telephone

410 649-4761

Fax 410-649-4756

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like as made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:



A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any))

George

Family Name

or Surname

Kindness

Inventor's
Signature*George Kindness*

Date

8/17/01

Residence: City

Middletown

State OH

Country US

Citizenship UK-GB

Mailing Address

7207 Stonebrook Ct.

City

Middletown

State OH

ZIP 45044

Country USA

NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any))

Brooke

Family Name

or Surname

Schumm III

Inventor's
Signature

Date

Residence: City

Ellicott City

State MD

Country US

Citizenship US

Mailing Address

2813 Thornbrook Road

City

Ellicott City

State MD

ZIP 21042

Country US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Andrew J.

Walter

**Inventor's
Signature**



Date Aug 18, 2001

Residence: City Glyndon

State MD

Country US

Citizenship US

Mailing Address 326 Hedgepocket Way

Mailing Address

City Reisterstown

State MD

ZIP 21136

Country US

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

**Inventor's
Signature**

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

**Inventor's
Signature**

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.